LAKEVIEW HEALTH CENTER - FDD 902 EAST GARLAND STREET

WEST SALEM Phone: (608) 786-1400 Ownership: 54669 County Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: **FDDs** Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): **52** Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): **56** Average Daily Census: 47 Number of Residents on 12/31/00: 47

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/00)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	10. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	21. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	76. 6	More Than 4 Years	68. 1
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	14. 9		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	6. 4		100. 0
Adult Day Care	lult Day Care No   Alcohol & Other Dr		0. 0	85 - 94	2. 1	************	*****
Adult Day Health Care No		Para-, Quadra-, Hemi plegic	0.0   95 & 0ver		0.0	Full-Time Equivalent	
Congregate Meals Yes		Cancer	0.0			Nursing Staff per 100 Residen	
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	23. 4		
Transportation	No	Cerebrovascul ar	0.0			RNs	8. 6
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	5. 1
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	51. 1	Aides & Orderlies	41.0
Mentally Ill	No			Female	48. 9	1	
Provide Day Programming for			100. 0			İ	
Developmentally Disabled	Yes		a ale ale ale ale ale ale ale		100. 0		ala ala ala ala ala ala ala

Method of Reimbursement

		Medica	are		Medi c	ai d											
		(Title	18)		(Title	19)		0the	er	Pri	vate	Pay	I	Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m	]	Per Dien	1	]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Intermediate				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				47	100. 0	\$143.93	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	47	100.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Venti l ator- Depender	nt 0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	0	0. 0		47	100. 0		0	0. 0		0	0. 0		0	0. 0		47	100.0%

0.0

Medi cati ons

Receiving Psychoactive Drugs

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County: La Crosse LAKEVIEW HEALTH CENTER - FDD

Total Number of Discharges

(Including Deaths)

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Percent Admissions from: Activities of % Assistance of % Totally Number of Private Home/No Home Health Daily Living (ADL) One Or Two Staff Resi dents 10.0 Independent Dependent Private Home/With Home Health 0.0 Bathi ng 0.0 36. 2 63.8 47 Other Nursing Homes 10.0 Dressi ng 12.8 36. 2 51.1 47 Acute Care Hospitals 30.0 Transferri ng 51.1 6.4 42.6 47 Psych. Hosp. - MR/DD Facilities 40.0 Toilet Use 29.8 29.8 40.4 47 Rehabilitation Hospitals 0.0 **Eating** 40.4 40.4 19.1 47 Other Locations Total Number of Admissions 10 Special Treatments Conti nence Percent Discharges To: Indwelling Or External Catheter 0.0 Receiving Respiratory Care 0.0 Private Home/No Home Health 25.0 Occ/Freq. Incontinent of Bladder 51.1 Receiving Tracheostomy Care 0.0 Private Home/With Home Health 16.7 Occ/Freq. Incontinent of Bowel 19.1 Receiving Suctioning 0.0 Other Nursing Homes 0.0 Receiving Ostomy Care 4.3 Acute Care Hospitals 0.0 Mobility Receiving Tube Feeding 6.4 Psych. Hosp.-MR/DD Facilities 0.0 Physically Restrained 4.3 Receiving Mechanically Altered Diets 34.0 Rehabilitation Hospitals 0.0 Other Locations 25.0 Skin Care Other Resident Characteristics Deaths 33.3 With Pressure Sores 2. 1 Have Advance Directives 100.0

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

With Rashes

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	Thi s	]	FDD		Al l
	Facility	Fa	cilities	Fac	ilties
	%	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83. 9	85. 5	0. 98	84. 5	0. 99
Current Residents from In-County	46. 8	42. 1	1. 11	77. 5	0. 60
Admissions from In-County, Still Residing	0. 0	19. 5	0.00	21. 5	0.00
Admissions/Average Daily Census	21. 3	16. 4	1. 30	124. 3	0. 17
Discharges/Average Daily Census	25. 5	19. 2	1. 33	126. 1	0. 20
Discharges To Private Residence/Average Daily Census	10. 6	9. 2	1. 16	49. 9	0. 21
Residents Receiving Skilled Care	0. 0	0. 0	0.00	83. 3	0.00
Residents Aged 65 and Older	23. 4	16. 2	1. 44	87. 7	0. 27
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1.45
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 6	0.00
Developmentally Disabled Residents	100. 0	99. 3	1.01	7. 6	13. 09
Mentally Ill Residents	0. 0	0. 5	0.00	33. 3	0.00
General Medical Service Residents	0. 0	0. 2	0.00	18. 4	0.00
Impaired ADL (Mean)*	59. 1	50. 8	1. 16	49. 4	1. 20
Psychological Problems	29. 8	45. 9	0. 65	50. 1	0. 59
Nursing Care Required (Mean)*	5. 9	11. 0	0. 53	7. 2	0. 82